

Credential Application

Remit to:
State of Wisconsin
Department of Commerce-Credentialing
P.O. Box 78780
Milwaukee WI 53293-0780
Phone (608) 261-8500
TDD #: (608) 264-8777
7:45 a.m. - 4:30 p.m.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

**THE CREDENTIAL WILL NOT BE
PROCESSED UNLESS YOU:**

- A. Sign and date this form;
- B. Submit a complete application with all blanks filled in or marked non-applicable;
- C. Attach the specified fee; and
- D. Attach documents if specified on this application.

Instructions: Please review the pre-printed information in the boxed portions of this application. Clearly print corrections or new information where needed. Please use a color of ink other than black. **Be certain to sign and date the application.** The applicant's social security number is mandatory information. **Make a photocopy of the completed application for your records.**

By signing below, the applicant swears that all information provided on this application is true, accurate and that the credential requirements are met. **Notice: Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license according to Wisconsin Stats. But they may not be disclosed to anyone except other State of Wisconsin governmental agencies.**

Applicant's Signature	Date (mo/day/yr)
Applicant Information	
Applicant's Social Security No:	
Applicant's Name (First, Middle and Last):	
Address No. & Street, or P.O. Box:	
City, Town or Village, State, Zip + 4 Code:	
Country, If Other Than United States:	
Telephone No. (include area code):	
If Available, Fax No. (include area code):	
If Available, Internet Address:	

CLASS 3 BLASTER LICENSE

Exam Fee (nonrefundable): \$30.00 **class code 8262**

Make checks payable to: Department of Commerce. When the exam is passed, the applicant will be asked to pay a \$100 credential fee. The credential, which will be issued after the exam is passed and the prorated credential fee paid, will be effective for 4 years from the date of issuance. Office location: 201 W. Washington Ave, Madison. Mailing address: PO Box 7082, Madison, WI 53707.

Reason for Credential: No person may prepare explosive charges or conduct blasting operations unless the person holds a credential issued by the department as a licensed class 1 blaster, licensed class 2 blaster, licensed class 3 blaster, licensed class 4 blaster, licensed class 5 blaster, licensed class 6 blaster or licensed class 7 blaster or is under the direct supervision of a person who holds a credential issued by the department as a licensed blaster in one or more of the categories.

Requirements of Credential: A person, who either holds a credential as a licensed class 3 blaster or is under the direct supervision of a person who holds a credential as a licensed class 3 blaster, is limited to conducting blasting operations and activities for underground mining, underground construction or tunnels.

A person who holds the credential shall carry on his or her person the credential issued by the department while performing or conducting the activity or activities permitted under the credential.

Qualifications for Examination: In order to qualify to take the blaster license examination the applicant must be at least 21 years old, have at least 640 hours of experience working under the direct supervision of a person who holds a class 3 blaster license for a class 3 blaster license examination and has not been arrested or convicted for a crime substantially related to the credential. To demonstrate the applicant's qualifications do the following:

1. **Fill** in the applicant's birth date (month/day/year, example 04/02/60):

2. **Fill** in the number of hours in the Experience Hours column the applicant has worked under the direct supervision of the person who holds a Wisconsin Class 3 Blaster license. Have the person who holds a Class 3 Blaster license and directly supervised the work performed by the applicant sign that the applicant completed the hours of experience.

Experience Hours	Hours Witnessed by (please print)	Signature of Witness	Witness Credential (license) Number	Telephone Number of Witness

In order to obtain the credential the applicant must obtain a score of at least 70% on an examination. The exam will cover information contained in chapters Comm 5 and 7, Wisconsin Administrative Code and the exam is open book. Copies of current code books may be obtained from Document Sales @ (608) 266-3358 or @ (800) 362-7253.

To schedule an exam:

- In the table below circle the month you would like to take the exam and the city in which you would like to take the exam. Record a telephone number where you can be reached during the day in case the exam center is filled for that date.
- Submit the **FEE AND THIS APPLICATION** with the month and city circled for the exam to the division **at least 30 days in advance of the exam date chosen**. Note you may wish to keep a copy of this letter for your records.

Exam Name:	This is a 3-hour exam and will be scheduled for the p.m.
<p>Circle the exam location of your choice below.</p> <p>Then below the location, circle the day you would prefer to take the exam.</p>	

2006 Exam Schedule-Soil Testers at Every Site			
GREEN BAY <i>Howard Johnson Inn</i> 2580 S Ashland Ave 920-499-5121	BLACK RIVER FALLS <i>Holiday Inn Express Hotel</i> W10170 Hwy 54 E 715-284-0888	PEWAUKEE <i>Waukesha County Technical College</i> WCTC 800 Main St 262-695-3474	HAYWARD <i>Hayward Inn & Suites</i> 10290 Hwy 27 S (715) 634-4100
August 15		August 1	
	September 19	September 13	
October 10		October 3	October 18
	November 14	November 7	
		December 5	

Day phone number:

2007 Exam Schedule-Soil Testers at Every Site				
GREEN BAY <i>Regency Suites Hotel</i> 333 Main St 920-432-4555 Wednesdays	MADISON <i>Radisson Hotel</i> 517 Grand Canyon Dr. 608-833-0100 Tuesdays	BLACK RIVER FALLS <i>Holiday Inn Express Hotel</i> W10170 Hwy 54 E 715-284-0888 Wednesdays	PEWAUKEE <i>Waukesha County Technical College</i> WCTC 800 Main St 262-695-3474 Wednesdays	HAYWARD <i>Hayward Inn & Suites</i> 10290 Hwy 27 S 715-634-4100 Wednesdays
		January 10	January 17	
February 21		February 7	February 14	
		March 7	March 14	
April 11	April 24	April 4		April 18
		May 9	May 16	
June 6		June 13	June 20	
		July 11	July 18	
August 8	August 21	August 15		
		September 12	September 19	
October 3		October 10	October 17	October 24
		November 7	November 14	
	December 11			

Day phone number:

A letter confirming the exact date, time and location will be sent to you.